CERTIFICATE OF DEATH

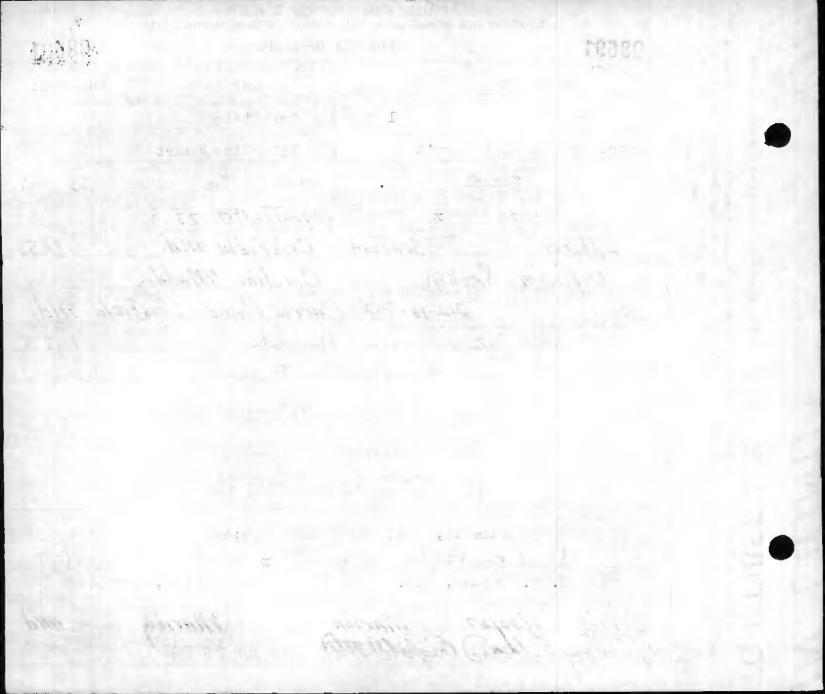
ofter death in by the funeral yna ni buo ond burial, cremotion, or removal, signed by the buriol-tronsit g as the has Health DIRECTOR: After director, page 3 should should be filed with the TO FUNERAL

haurs ofter death

law requires that the death certificate be executed within

event

08691 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Somerset Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn). c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Crisfield 1 Day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? McCready Memorial Hospital 332 Miles Court YES NO F NAME OF Firs1 4. DATE Month Year DECEASED OF DEATH 196 Samuel W. Brown June (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO TO 20o. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) While at work I of war! foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram... _, 19___, that (1) (we) last 19 . ta saw the deceased alive an Time 76 1967, and that death accurred ato . CCM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Crisfield, Maryland S. M. Peyton, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. 8 URIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE THEREOF. (Stote REMOVAL (Specify) FUNERAL DIRECTO



cessary, funeral may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.

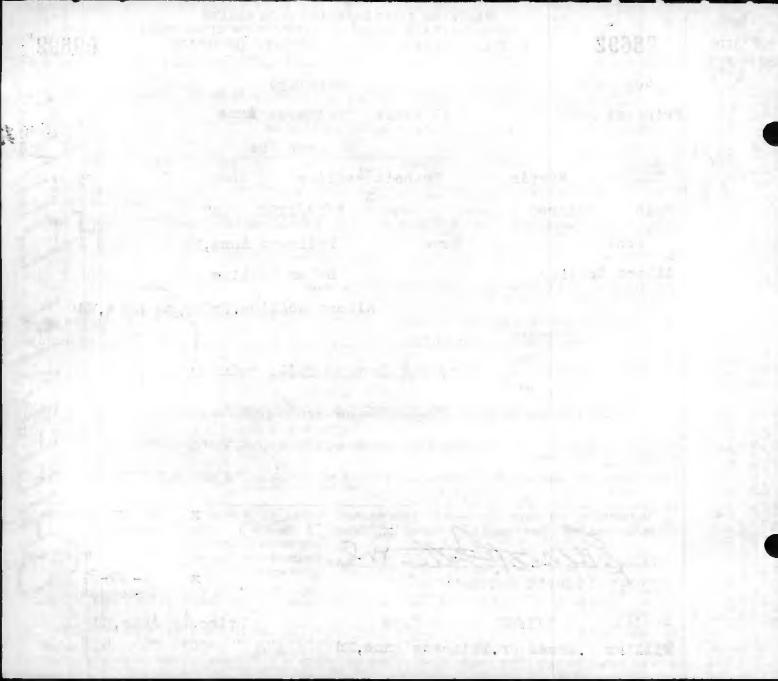
2

VR A15ME (5) 5M 1/65

MADVIAND STATE DEPARTMENT OF HEALTH

| | 1111/2117 | PULL OTHER | STAIL STAIL OF | 2 1 Aut 3 In 1 1 1 1 | |
|------------------|---------------|----------------|-------------------|----------------------|----------------|
| Division of STAT | ISTICAL RESEA | RCH AND RECORD | S. 301 W. PRESTON | STREET, BALTIMO | RE 1. MARYLAND |
| | | | | | |
| 08692 | MEDICAL | FXAMINER'S | CERTIFICATE | OF DEATH | 08692 |
| 00000 | MEDIOAL | EXAMINATIO | OLICITIC TOATE | 01 | OOBOA |

| 1. | 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased fired, If Institution; Residence before admission) a. STATE b. COUNTY | | | | |
|-----------------------|---|---|------------------|-----------------------------|--|--------------------------|----------------------|----------------|--------------------------|
| | Somerset | | | MARYLAND | Maryland | | nerset | | |
| 10- | b. CITY DR TOWN (If write RURAL and | outside corporat | e limits, n) | C. LENGTH DF STAY IN 1 | | if outside corporate lin | nits, write RURAL | and give neare | est town) |
| PI | cincess Ar | | Di dif not to be | 17 Years | Princess d. STREET ADDRESS | Anne | | 1 a le pr | SIDENCE |
| | G. NAME OF HUSPITA | T OK INSTITUTIO | N (IT NOT IN NO | ospital, give street addres | Lane A | | | DN A | SIDENCE FARM? NO 3 |
| 3. | NAME OF | Fi | rst | Middle | Last | 4. DATE | Month | Day Ye | ear |
| | (Type or print) | Mervir | | TIME | ollier | OF DEATH | 6 | 25 19 | |
| 5. | | COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In | | Days Hours | |
| N | Male Co | lored | WIDOWED | DIVORCED | 1/12/195 | | утѕ. | Days Hours | |
| 10a | IN USUAL OCCUPATION (| Give kind of work | done 10b. Kr | IND DF BUSINESS OR | 11. BIRTHPLACE | State or foreign count | | ITIZEN OF WHA | T |
| | None | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | None | Princes | s Anne.Md | U | SA | |
| 13. | FATHER'S NAME | | | | 14. MOTHER'S MA | DEN NAME | | | |
| A | lbert Cel | lier | | | Helen C | ollins | | | |
| | . WAS DECEASED EVER | | | SOCIAL SECURITY ND. 17 | , INFORMANT | | Address | | |
| (11 | es, no, or unkown) (If y | es give war or entes di | service) | A: | lbert Cell | ier.Prince | ess Anne | .Md | |
| | 18. CAUSE OF DEAT | H [Enter only on | e cause per II | ne for (a), (b), and (c).] | | | | INTERVAL BI | ETWEEN |
| | | WAS CAUSED BY: MEDIATE CAUSE | (a) Dr | owning | | | | ทา กา | |
| | 9199 | | | - M. H. de Arak de ju | | | | | |
| | Conditions, if any, | which \ | Do | ceased dro | while | awimmina | | | |
| | gave rise to imm | ediate | 1-7- | occapa aro | MINUS WILLIAM | | | | |
| | cause (a), statin | | 10 | | | | | | |
| ~ | underlying cause la | | (C) | ITING TO DEATH BUT NOT RE | ATEN TO THE TERMINAL | DISEASE CONDITIONS | VEN IN PART 1/8) | 119. WAS A | UTOPSY |
| SATIO | PART II. OTHER SIGN | FICANT CONDITIO | ANS CONTRIBU | TIME TO DEATH BUT NOT KE | CATED TO THE TERMINAL | DISONSE GONDING | 11621 1115 1111 2(0) | PERFO YES | RMED? |
| MEDICAL CERTIFICATION | 20a. EXTERNAL CA PRIMARY ☐ or CON CAUSE OF DEATH. | JSE WAS TRIBUTING [| 20b. C | DESCRIBE HOW INJURY OC | CURRED, (Enter nature | of Injury in Part 1 or P | art II of Item 18. | .) | |
| AL | 20c. TIME OF INJU | RY Month, Day, | Year 20d. 17 | NJURY OCCURRED 20e. P | LACE OF INJURY (Home, | farm, 20f. (City or 1 | lown) (Cou | unty) | (State) |
| MEDIC | Hour a.m. p.m. | 19 | While at work | Not While | ctory, street, office bldg. | ,etc.) | | | |
| _ | 21. I certify that | at I took charge | of the rem | ains described above, | held an Autopsy 🔲, | Inspection X. | Inquiry 武 | and in my | opinion |
| | death resulted | -4 | causes | | Suicide , Homi | cide [], Undeter | rmined manner | | |
| | 0 | | 1 | 1 11 11 | CHIEF MEDIC | AL EXAMINER | | | |
| | ACTUAL SIGNATURE | LART | 11-7 | Telles TV | | EDICAL EXAMINER | 1 | | SIGNED |
| | EXAMINER'S E | verett | Sutter | ·MD | | et, city, town, or coun | 6= 29 | | |
| 238 | | N, 23b. DATE | THEREOF | 23c. NAME OF CEMETI | RY OR CREMATORY | 23d. LOCATION | (City, town or cor | unty) (| (State) |
| | Burial (Specify | 7/1/ | 67 | Mt Hope | | Princes | a Anne | Md | |
| | . FUNERAL DIRECTO | R | | ADDRESS | 25a. R | | 25b. REGISTRAR | | |
| 1 | William H | James | Jr.Pri | ncess Anne | Md DATE | 11 3 1967 | Meline | as Judy | et. |



| MARYLAND | STATE | DEPARTM | ENT OF | HEALTH |
|----------|-------|---------|--------|--------|
| | | | | |

| DIVISIO | | | | | BALTIMORE 1, | MARYLAI | ND |
|--|---|---------------------------------|--|-----------------------|----------------------|---------------|-------------------------|
| 08693 | 3 | CERTIFICAT | E OF DEAT | H | | OF | 693 |
| 1. PLACE OF OEAT | Н | - | | ICE (Where deceased | | Residence bef | ore a mission) |
| Somerset | | MARYLAND | Maryland | | Somerset | | |
| b. CITY OR TOW write RURAL | N (If outside corporate limits, and give nearest town) | | | | e limits, write RUK | AL and give i | earest town) |
| | | | | | 19 | 1 0.15 | RESIDENCE |
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAD CERTIFICATE OF DEATH 1. PLAGE OF CEATH SCURINY SCHETS t. MARYLAND BUBLES TO STATE STATE SCHETS t. SCURINY SCHETS t. MARYLAND D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1D Princess Anne d. NAME OF DOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) 4. DATE OF DEATH OF TIME OF THE OSPITAL OR INSTITUTION (If not in hospital, give street address) 5. SEX OCCUPATION (Give kind of work done uping most of working life, even if retired) 4. DATE OF BIRTH OF TIME OF THE OSPITAL OR INSTITUTION (If not in hospital) 5. SEX OCCUPATION (Give kind of work done uping most of working life, even if retired) 4. DATE OF BIRTH OF TIME OF THE OSPITAL OR INSTITUTION (If not kind of work done uping most of working life, even if retired) 4. DATE OF BIRTH OF TIME OF THE OSPITAL OR INSTITUTION (If not kind of work done uping most of working life, even if retired) 5. SEX OCCUPATION (Give kind of work done uping most of working life, even if retired) 6. COLOR OR RAGE 7. MARRIED 10.0. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of feetign country) 12. CITIZED 12. MORITH 12. MORI | | YES | N A FARM? | | | | |
| OECEASEO | | Middle | | OF | | | Year 19 67 |
| 5. SEX | | NEVER MARRIED | 8. DATE OF BIRTH | 9. AG | | | |
| Male (| Colored WIDOWE | DIVORCED | 6/22/1889 | | monan | Days H | ours Min. |
| 10a. USUAL OCCUPAT | FION (Give kind of work done 10b. | KIND OF BUSINESS OR INOUSTRY | 11. BIRTHPLACE (| County & State, or fo | reign country) 12. | COUNTRY? | TAHW |
| Retired | Re | | Maryland | 1 | Į | | |
| | | | | | | | |
| | | | | ıner | | 1. | |
| | | | | | | | |
| | | | arie corni | ish.Prin | cess am | | RFD |
| | EATH WAS CAUSED BY: | r line for (a), (b), and (c).] | neumi | mia | | ONSET | AND DEATH |
| 491 | V | | | | | | |
| | any, which \ (b) | | | | | | |
| | DILE TO | | | | | | |
| underlying caus | se last. (c) | | | | | | |
| PART II. OTHER | SIGNIFICANT CONDITIONS CONTRI | BUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL | DISEASE CONDITION | ON GIVEN IN PART 1 | | AS AUTOPSY REFORMED? |
| FICA | | Arthritis | 5 | | | | NoK |
| OR CONTRIBUT | WAS UNDERLYING [] 20b. ING [] CAUSE OF CEATH TIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCC | URRED. (Enter nature | of Injury In Part I | or Part II of Item | 18.) | |
| \$ 20c. TIME OF | | fants | CE OF INJURY (Home, | | or town) (| County) | (State) |
| Hour a. | 91141 | le - NOT While - | ory, attreet, office bidg., | 610./ | iA | 1 | |
| 100 m | | nded the secessed from A | lov 1500 | | | | (I) (we) las |
| | Occased allive oil | 19 6°/, and tha | t death occurred at | 11-4 4M Ifbin t | | | |
| 22a. SIGNATU | RE & Ma | N | ATTENDING 1 | | STAFF - | DATE SIGNE | U |
| 22c PHYSICI | AN'S | M. TAIDARC M. | The state of the s | DIRECTOR () | PHYS. | | |
| NAME (T | ype) | | | | | | |
| 23a. BURIAL, CREM | MATION, 23b. DATE THEREOF | 23c. NAME OF CEMETER | Y OR CREMATORY | 23d. LOCAT | ION (City, town or | county) | (State) |
| Bur Ta I | 6/I2/67 | Mt 21on | | Polk | Road Mar | brefve | |
| 24. FUNERAL DIR | | ADDRESS | 25a R | EC'D BY REGISTRA | R 25b. REGISTR | AN'S SIGNATI | URE |
| William | H. James Jr. Pr | incess Anne, l | Id DATE | 1 1 4 196 | fichan | les Jus | ez |

VR A15 (4) 15M 4-64

1.400 MARKETON, THE TO SEE LAND STREET, THE SECOND SEE SAID SEE ASSOCIATION OF THE PROPERTY OF 14 3 3 15 21 4 17 Moderate al Arenteel branch 0111291111 A LATE-T ALLE At write the miles as a serie The state of the s Management, September Wiles. AND THE REPORT OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 086 CERTIFICATE OF DEATH Best of Best o by the funeral Pages 1 and 8 after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE carbon papers. Pages 1 OMETS MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours MATION filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ND YES executed within TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evert, within NAME DE First Middle DATE Month Day Year Last 4. DECEASED (Type or print) DF DEATH 1961 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER I YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED 5 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. COUNTRY? during most of working life, even if retired) INDUSTRY FATHER'S NAM MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) INFORMANT 16. SOCIAL SECURITY NO. Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO (a). stating underlying cause last. 200 0 WAS AUTDPSY CERTIFICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES T 5 HR MA ONIC 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. OR ATTENDING P While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last and that death occurred at A.M. from the causes and on the date stated above. 19 saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF Page 4 may b DIRECTOR PHYS. M.D. PHYSICIAN 22c. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Spenify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES! 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64

Tashing Fral (Williams) MATTER William M Milyen & February H Lythory Colonson Linguism constitute of the state of the state of

FOR STATE HEALTH DEPT TO DEPUTY MASICAL EXAMINER: This certificate should be executed within 24 hours after death. If any denot is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages \$, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reitained for your files.

TO TURBAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR AISME 5M 1/63

8 695 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1 | -0869 | MEL | ICAL EXAMINER | CERTIFICA | IE OF DEATH | 0.260 | 05 |
|---------------|---------------------|---------------------------------------|--------------------------------------|---------------------------------|-----------------------------------|-----------------------------|------------------------|
| Ji. | PLACE OF DEAT | PH H | | 2. USUAL RESIDENCE | CE (Where deceased livad, If I | nstitution: Residence befor | • dimission) |
| | e. COUNTY | Somerset | MARYLAND | a. STATE Ma | ryland b. COUN | Y Somerset | |
| - | | (if outside corporate limits, | c. LENGTH OF STAY IN 16 | | f outside corporata limits, write | | awa) |
| | write RURAL at | nd give nearest town! | | | | KOKAT SUD BIAS IMPOST II | ownj |
| | | Crisfield | Adult life | | isfield | .71 | |
| | d. NAME OF HOS | PITAL OR INSTITUTION (if n | of in hospital, give street eddress) | d. STREET ADDRESS | | 1 01 | RESIDENCE N A FARM? |
| | | Old State Rd. | , Mariners | 01 | d State Rd., M | ariners YES | NO |
| 3. | NAME OF DECEASED | First | Middle | Last | 4. DATE Month | Day Yo | ear |
| | (Type or print) | ALLTE | FRANCES | DITUTEN | DEATH June | 27 1 | 9 67 |
| 5. | SEX | | | . DATE OF BIRTH | 9. AGE (In yeers) | | ER 24 HRS. |
| ١, | Fl 7 | | | | last birthday) | Months Days Hours | |
| | Female | TION (Give kind of work | | Oct 15, 1903 | [63 ун.] | | 1 |
| do | no during most of w | varking life, even if retired) | 106. KIND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State | or foreign eountry) | 12. CITIZEN OF WHAT | COUNTRY |
| | Practical | Nurse | Nursing | Saxis, Vir | ginia | USA | |
| 13. | FATHER'S NAME | | | 14. MOTHER'S MAIDEN I | NAME | | - |
| | Henry Gri | ffin | | Nora Evans | | | |
| | | VER IN U.S. ARMED FORCES | 57 16. SOCIAL SECURITY NO. 17. 1 | | Address | | |
| [Y4 | s, no, er unkown) | (Hyesgivayeror dates of servi | iea) | | | | |
| | | None | 217-30-8022 Mar | rice Uutten, | Same as 2. ab | cd above | |
| | | | use par line for (e), (b), and (c).) | | | INTERVAL I | |
| | PAKI J. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Myocardial infa | arction | | Minu | |
| | 4201 | DUETO | | | | | |
| | Conditions, if an | y, which) (b) | | | | | |
| | gave rise to imme | diate couse | | | | | |
| | (a), stating the | undarlying DUE TO | | | | | |
| _ | couse last. | J (c) | | | | | |
| CERTIFICATION | PART II. OTH | ER SIGNIFICANT CONDITIO | NS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | IAL DISEASE CONDITION GIVE | | AUTOPSY FORMED? |
| 3 | | | | | | YES | NO T |
| E | 20a. EXTERNAL C | | DESCRIBE HOW INJURY OCCURRED. | (Enter nature of Injury in Pa | ort I or Pert II of item 18.) | | |
| 33 | CAUSE OF DEATH | | | | | | |
| MEDICAL | 20c. TIME OF INU | URY Month, Day, Year | 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm | , 20f. (City or town) | (County) | (State) |
| EDIC | Hour e.m. | | While Not While fact | ory, street, office bldg., etc. | | 1000 | (0.010) |
| × | p.m. | | at work at work | | | | |
| | 21. I certify | that I took charge of t | he remains described above, he | ld an Autopsy, | Inspection X, Inquiry | and in my | opinion |
| | death resulted | from: Natural cause | es 🔀, Accident 🔲, Suici | ide . Homicide | Undetermined ma | inner 🗌 | |
| | | | | CHIEF MEDICAL E | XAMINER - | | |
| | ACTUAL | neva. | vley. | ASSISTANT MEDI- | CAL EXAMINER | DATE SI | GNED |
| | SIGNATURE | - Car | uug | M.D. DEPUTY MEDICAL | | 6/29/ | |
| | NAME (Type) | C. G. Rawle | y, M. D. | | | sfield, Md. | , |
| 22a | BURIAL, CREMATI | | 22c. NAME OF CEMETERY OR | | 22d. LOCATION (City, lown, | or county) (S | tete) |
| Bı | rial | | 967 Sunnyridge Cen | neterv | Crisfield, M | d. | |
| | FUNERAL DIRECT | | ADDRESS | | D BY REGISTRAR 24b. REGIS | | - |
| D. | andak a | Come Out - Ot | -1 a Ma | | - und | was Judge | |
| D) | Tausnaw & | Sons, Crisfi | ela, Ma. | PWI 3 | 1967 Julia | 40 | |

and the second of the second o $\frac{\partial A_{ij}\mathbf{v}^{2}\hat{\mathbf{y}}_{i,-\gamma_{1},\gamma_{1}}}{\|\hat{\mathbf{v}}^{2}-\hat{\mathbf{y}}_{i,-\gamma_{1},\gamma_{1}}\|_{2}^{2}}$ the rest of the second second THE RESIDENCE OF THE PARTY OF T an an est - thought something the paper within page 5 The state of the s I profession profession

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

28896

CERTIFICATE OF DEATH

DRROE

| 1 | | 00000 | CERTIFICATE | OI DEATH | 000 | 50 | | | |
|-------------------------------------|--|--|--|--|---|--------------------------|--|--|--|
| 1) | | PLACE OF DEATH o. COUNTY Somerset | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived, o STATE Maryl and | | ore odmission) nerset | | | |
| | | b CITY OR TOWN (If outside corporate limits, | c. LENGTH OF STAY IN 1b | c CITY OR TOWN (If outside corporate limits, | write RURAL and give near | est town) | | | |
| | | write RURAL and give nearest town) Cristicla | Life 1/9/1/4/1/4 | Crisfield | 1 | 1 1 | | | |
| | - | d. NAME OF HOSPITAL OR INSTITUTION (If not in | | d. STREET ADDRESS | | e IS RESIDENCE | | | |
| (- | | licCready Nemor | tial Hospital | 310 Broadv | av l | ON A FARM? YES NO X | | | |
| | | NAME OF First | Middle | Lost 4 DATE | Month Do | y Year | | | |
| | | DECEASED (Type or print) Doro | thy W. | Sterling DEATH | Tune 23 | 1967 | | | |
| | \$. 3 | SEX 6. COLOR OR RACE 7 | MARRIED NEVER MARRIED 8 | DATE OF BIRTH 9 AGE (In | years IF UNDER 1 YEAR thdoy) Months Doys | | | | |
| | | | WIDOWED DIVORCED S | ept 13, 1883 9 AGE (In lost bit | Atz Moulus Boas | Hours Min | | | |
| | 100 duju | USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) | 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign cour Crisfield, Md. | try) 12 CITIZEN COUNTRY | | | | |
| | | FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | 1 | | | | |
| William Travis Ward Eliza J. Cullen | | | | | | | | | |
| | 1\$. | WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17 II | FORMANT | Address | | | | |
| | 1,16 | WAS DECEASED EVER IN U.S. ARMED FORCES? ss. no., or unknown) (If yes give wor or dotes of se | 217-01-4652A Mrs | . Edith Maddrix, Cri | sfield, Md. | | | | |
| | | 18. CAUSE OF DEATH (Enter only one couse | | | | NTERVAL BETWEEN | | | |
| | | PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o) | - Osalno-nas rula | u Thrombosic | wille | INSET AND DEATH | | | |
| | | S S A DUE TO A LOA. | | | | | | | |
| | Conditions, if ony, which gove) (b) home plagia (4) | | | | | | | | |
| | П | rise to immediate cause (a), stating the underlying cause lost. | | / | | | | | |
| | | | PURITING TO DEATH BUT NOT PELATED TO T | HE TERMINAL DISEASE CONDITION GIVEN IN PAR | T 1(a) 115 | WAS AUTOPSY | | | |
| 41 | 10 I | | Rissing to sense but not keedle to the | The second of th | 1-1-7 | PERFORMED? YES NO | | | |
| | CERTIFICATION | 20° ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 20b DESCRIBE HOW INJURY OCCURRED (| Enter nature of injury in Port or Port II of ite | | 713 400 | | | |
| | | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | |
| | MEDICAL | 20c TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 | | E OF INJURY (Home, form, 20f (City or cry, street, office bldg , etc.) | town) (County) | (State) | | | |
| | | 21. I certify that (I) (this hospite | al) attended the deceased from | , 19, ta | , 19, t | that (I) (we) las | | | |
| | П | | -23-67 19 , and that | death accurred at 6:15M, fram | | | | | |
| | | 220. SIGNATURE | une, mo | ATTENDING MED. ST. | AFF YS. 22b. DATE SIG | NED | | | |
| , | | 22c PHYSICIAN'S NAME (Type) C. G. Ra | wley, M.D. | 22d. ADDRESS Crisfield, | laryland | | | | |
| 1 | | BUR AL, CREMATION, 23b. DATE THERE | OF 23c NAME OF CEMETERY OR C | REMATORY 23d LOCATION (| City or Town) (Count | ty) (Stote) | | | |
| | Bu | REMOVAL (Speafy) Urial June 26 | 1967 Asbury Meth. | The second secon | | , , | | | |
| | | . FUNERAL DIRECTOR | ADDRESS | 2So. REC D BY REGISTRAR | 256 REGISTRAR'S SIGNATI | JRE | | | |
| 1 | 2. | madehar & Come Cuief | Nala Ma | Mrc111N 0 ~ 4001 | 1 Mlonelas | Judge. | | | |

24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death TO HISPITAL OR ATTINDING MIYSICAN: The law requires that the direth certificate be exacuted within Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

00

MARYLAND STATE DEPARTMENT OF HEALTH

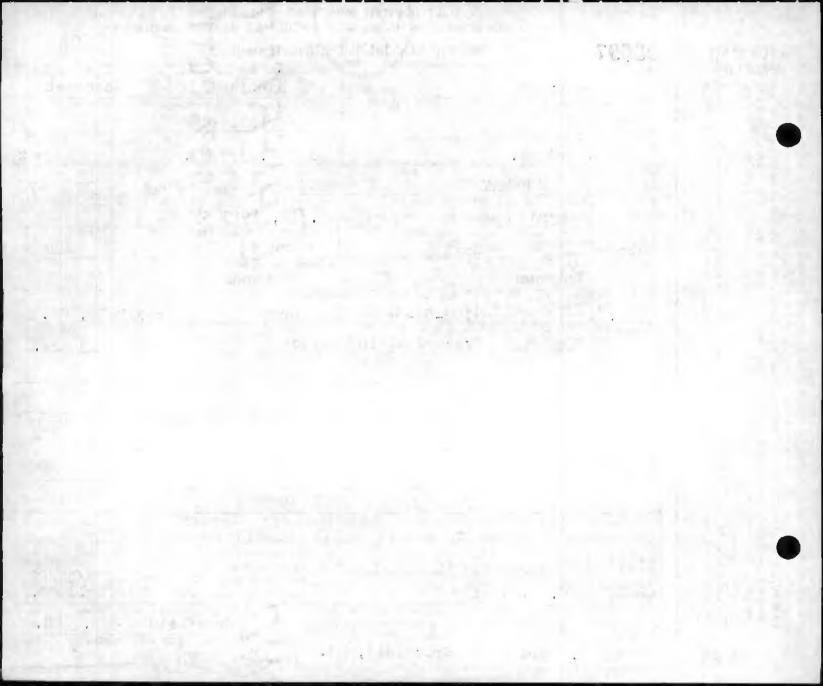
OF STATISTICAL RESEARCH AND DECORDS

| | 08697 | TVISION OF STATES | | | | CERTIFICATE O | F DEATH | | 105 |
|------------|--|---|-----------------------------|----------------------------------|-----------|--|--|---------------------|--|
| 1. | PLACE OF DEATH o. COUNTY | omerset | | MAR | RYLAND | CTATE | there deceased lived, if institution b. COUNTY | ASSAC | before admission) erset |
| | write RURAL and Crisi | outside carparate limit give neorest tawn) 1010 | | c. LENGTH OF STAY | IN 1b | FI . | tside corparate limits, write RUR Sfield | AL and give ne | 1 |
| | | or institution (if no 3rd St. | rt in hospital, g | ive street address) | | d. STREET ADDRESS | 3rd St. | | e IS RESIDENCE ON A FARM? YES NO K |
| 3. | NAME OF DECEASED (Type or print) | Fi | st VRY | Middle | | lost WEST | 4. DATE Mont OF DEATH June | | Day Year 22 1967 |
| | | 6. COLOR OR RACE Negro | 7. MARRIED WIDOWED | NEVER MARRIE | | B. DATE OF BIRTH Aug. 18, 1 | 9. AGE (In years 53 birthday) 7rs. | IF UNDER 1 YE | |
| lur | ing most of working lift Laborer | Give kind of work dane le, even if retired) | | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (State Unknown | | 12. CITIZE COUNT | N OF WHAT |
| 13. | FATHER'S NAME | Unknown | | | | 14. MOTHER'S MAIDEN N | | | |
| 15. (Yı | WAS DECEASED EVER es, ng, ar unknown) (1 | IN U.S. ARMED FORCES? If yes give war ar dates o | service | SOCIAL SECURITY NO. 02-01-56 | | nformant Lyle Gray | Addre Cri | sfield | d, Md. |
| | Canditions, if ony, vise to immediate stoting the underly | couse (a), | (b) Myc | (o), (b), ond (c).) | infa | arction | | | INTERVAL BETWEEN ANSER AND DEATH 3 NPS |
| CALIDIN | | _ | | | | | DITION GIVEN IN PART 1(0) | | 19. WAS AUTOPSY PERFORMED? YES NO |
| LEKILL | 20a. EXTERNAL CAU! PRIMARY ☐ or CONT CAUSE OF DEATH. | SE WAS TRIBUTING [] | 20b. DE | SCRIBE HOW INJURY O | OCCURRED. | (Enter nature of injury in P | Part I or Part II of item 18.) | | |
| MEDICA | 20c. TIME OF INJUR Hour a.m. p.m. | Y Month, Day, Year 19 | 20d: 1N While at wark | JURY OCCURRED Not While at work | | CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) | | (County | y) (State) |
| | death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) | d fram: Nature | Causes Z Cau Rawlej |], Accident [|], Suic | DEPUTY MEDICA Address (Street, | EXAMINER CAL EXAMINER L EXAMINER | anner 🗌 | and in my apinia 22. DATE SIGNED 6/26/67 eld, Md. |
| I | BURIAL, CREMATION REMOVAL (Specify) Birial | 236. DATE THE | | Asbury | | etery | 23d LOCATION (City or Tox Crisfield | Som | |
| | Anthony | E. Ward | | Crisfie: | ld, l | M.D | BY REGISTRAR 2Sb. RE | GISTRAR'S SIGN | |

VR A15ME

5 may be retained far yaur files.

TO DEPUTY METTAL EXAMINER:



MARYLAND STATE DEPARTMENT OF HEALTH

08697

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| leoth. | 6 | PED! | bud | Jeath | |
|--|--|--------------|----------|--|---|
| ofter (| 1 | THE THE | S | oner | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. | | by th | F Pag | should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours other death | |
| 24 h | 1 | P | Pers | 3 | |
| in a | - | 9 | I | hin | į |
| with | 1 | tek | Loui | 7 | |
| ted | | ple | 00 | Ven | |
| n)a: | | 5 | 900 | × e | |
| ex | | pu | rem | 100 | |
| pe : | | UI C | Se | - <u>=</u> | |
| tote | | Sicio | led | 9 | |
| THE PERSON | | 3hys | U | Val | |
| 9 | | 1 6 | The | E OE | |
| ath | | ndir | <u>.</u> | r re | |
| de | | otte | erm | n, c | |
| the | | 9(| t p | atio | |
| hot | j. | + | SUC | E | |
| S | icial | q p | 1-1 | 7 | |
| uire | hys | gne | Jria | J. B | |
| E | g p | , S. | P | obi | |
| WC | din | Deer | ÷ | or to | |
| e l | Hen | os L | 0.5 | pri | |
| F | L a | e h | USE | il th | |
| AN | 0 10 | cat | ور | Hec | |
| SIC | spit | ST. | pa | 0 | |
| H¥. | ho | 5 (6 | ach | ept. | |
| 9 | the | Ē | det | G a | |
| ž | þ | fter | be | Stat | |
| S | pa | A: A | 5 | he | |
| T | tain | 10 | hai | # | |
| N. | Sage 4 may be retained by the hospital or attending physician. | REC | 3 | W | |
| 1 | y b | 0 | ade | file | |
| ŽĮ, | E | R | r, p | pe | |
| 056 | 4 | INE | ctol | nld | |
| HC | bod | F | dire | sho | 1 |
| × | - | 7 | | A | |
| | VR | A1 | 5 14 | ai/ | 1 |

offer

certificate be executed

OR ATTENDING PHYSICIAN: The law requires that the death

08698

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission) a. COUNTY b. COUNTY XXXXXXXXX Samerset S_merset c. CITY OR TOWN (It outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (II outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give negrest town) d STREET ADDRESS Davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE 5 Collins Street McCready Memorial Hospital YES NO NAME OF 4. DATE Last Year DECEASED Charlie Williams June 6 (Type or print) DEATH 19 IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Haurs Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDIISTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S, MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Canditians, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or tawn) (County) (State) lactary, street, affice bldg., etc.) Not While 1962 10 21. I certify that (I) (this haspital) attended the deceased from Central and that death accurred at 2:5%, Kam causes and on the date stated above. saw the deceased alive an. 22a, SIGNATURE DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Crisfiel d, Maryland Barr. 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME DE CEMETERY OR CREMATORY 23d. LOGATION (City or Tawn) (County) (Stote) 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTO